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SERIAL NUMBER 10/623,378	FILING DATE 07/18/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. CYPR 100 CIP DIV
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/028,547 12/19/2001 PAT 6,602,911
 which is a CIP of 10/014,149 11/05/2001 PAT 6,635,675

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Methods of treating fibromyalgia syndrome, chronic fatigue syndrome and pain

FILING FEE	RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
			<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)